

FINANCIAL AFFIDAY

IN SUPPORT OF REQUEST FOR ATTORNEY EXPENSE OR OTHER COURT SERVICES WITHOUT PAYMENT OF FEE

IN UNITED STATES
IN THE CASE OF MAGISTRATE DISTRICT APPEALS COURT or OTHER PANEL (Specify below)

FOR

FILED IN THE

UNITED STATES DISTRICT COURT
DISTRICT OF HAWAII

LOCATION NUMBER

VS

PERSON REPRESENTED (Show your full name)

Ryan Allman

APR 14 2005

et 2 o'clock and min.
WALTER A. Y. H. CHINN, CLERK

1 Defendant - Adult
 2 Defendant - Juvenile
 3 Appellant
 4 Probation Violator
 5 Parole Violator
 6 Habeas Petitioner
 7 2255 Petitioner
 8 Material Witness
 9 Other (Specify) _____

DOCKET NUMBERS

Magistrate

05-0304

District Court

BNK

Court of Appeals

CHARGE/OFFENSE (describe if applicable & check box →)

 Felony Misdemeanor

ANSWERS TO QUESTIONS REGARDING ABILITY TO PAY

EMPLOY- MENT	Are you now employed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Am Self Employed				
	Name and address of employer: _____				
	IF YES, how much do you earn per month? \$ _____	IF NO, give month and year of last employment _____ How much did you earn per month? \$ _____			
	If married is your Spouse employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	If a minor under age 21, what is your Parents or Guardian's approximate monthly income? \$ _____			
	IF YES, how much does your Spouse earn per month? \$ _____				
ASSETS OTHER INCOME	Have you received within the past 12 months any income from a business, profession or other form of self-employment, or in the form of rent payments, interest, dividends, retirement or annuity payments, or other sources? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
	RECEIVED RECEIVED & IDENTIFY \$ _____ THE SOURCES _____	SOURCES Receives some financial help from parent			
CASH	Have you any cash on hand or money in savings or checking account <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No IF YES, state total amount \$ _____				
PROP- ERTY	Do you own any real estate, stocks, bonds, notes, automobiles, or other valuable property (excluding ordinary household furnishings and clothing)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
	IF YES, GIVE THE VALUE AND \$ _____ DESCRIBE IT _____	VALUE 7,000.00 DESCRIPTION 1996 Cadillac Deville			
OBLIGATIONS & DEBTS	DEPENDENTS	MARITAL STATUS <input checked="" type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> SEPARATED OR DIVORCED	Total No. of Dependents 4	List persons you actually support and your relationship to them	
	DEBTS & MONTHLY BILLS	APARTMENT OR HOME VISA Cell phone Car insurance	Lives Creditors of parents Credit cards	Total Debt \$ 300. \$ 290. \$ _____ \$ _____	Monthly Payt. \$ 80 \$ 60 \$ 120 \$ _____
	(LIST ALL CREDITORS, INCLUDING BANKS, LOAN COMPANIES, CHARGE ACCOUNTS, ETC.)				

I certify under penalty of perjury that the foregoing is true and correct. Executed on (date)

4-14-05

SIGNATURE OF DEFENDANT
(OR PERSON REPRESENTED)R. Allman
2